DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: (sb@dhw.idaho.gov

February 17, 2010

RICHARD M. ARMSTRONG - Director

Kathy Prophet, Administrator Preferred Community Homes -- Bedford 7091 West Emerald Street Boise, Idaho 83704

RE: Preferred Community Homes-- Bedford, Provider ID# 13G039

Dear Ms. Prophet:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Preferred Community Homes-- Bedford, on February 8, 2010.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, which states that no Medicaid deficiencies were noted at the time of the survey. Also, enclosed is a similar form stating that no State licensure deficiencies were noted at the time of the survey.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208)334-6626.

Sincerely.

TOM MROZ Health Facility Surveyor

Facility Fire Safety and Construction Program

TM/li

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

Printed: 02/11/2010 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		A. BUILDING	02		COMPLETED
		13G039		B. WING			02/08/2010
	ROVIDER OR SUPPLIER RED COMMUNITY	HOMES - BEDFOR	398 ED	GAR COURT	-	•	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTING CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD B D TO THE APPROPRIVICIENCY)	
K 000	residential building. throughout except in NFPA 13 D fire spring response sprinkler fire alarm/smoke downs built in April of for 8 ICF/MR beds. The facility was four compliance with apprequirements during survey conducted of facility was surveyed.	ple story, Type V(000) The building is protent the garage and attempted in the garage and attempted in the garage and attempted in the garage and the acceptance of the annual Fire/Life in February 8, 2010, dunder the LIFE SA	ected ic by a ick omplete e facility licensed al y e Safety The FETY	K 000			
CODE, 2000 Edition, Chapter 33, Exist Residential Board & Care Occupancies Impractical Evacuation Capability in account with 42 CFR 483.470 (j). The Survey was conducted by: Tom Mroz CFI-II Health Facility Surveyor Fire/Life Safety and Construction		ordance	SNATURE	TITLE		(X6) DATE	

(X2) MULTIPLE CONSTRUCTION

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PRINTED: 02/11/2010 FORM APPROVED

Bureau of Facility Standards

NAME OF FROWDER OR SUPPLIER PREFERRED COMMUNITY HOMES - BEDFORD DAY ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG MODI SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES TAG SUMMARY STATEMENT OF DEFICIENCIES T	AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
PREFERED COMMUNITY HOMES - BEDFORD X4) ID SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE	13G039							02/08/2010	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) M 000 16.03.11 Inital Comments M 000 The facility is a single story, Type V(000), residential building. The building is protected throughout except in the garage and attic by a NFPA 13 D fire sprinkler system with quick response sprinkler heads. There is a complete fire alarm/smoke detection system. The facility was built in April of 1996. Currently it is licensed for 8 ICF/MR beds. The facility was found to be in substantial compliance with applicable fire/life safety requirements during the annual Fire/Life Safety survey conducted on February 8, 2010. The facility was surveyed in accordance with IDAPA 16.03.11 The Survey was conducted by: Tom Mroz CFI-II Health Facility Surveyor	PREFERRED COMMUNITY HOMES - BEDFORD 398 EDGA			AR COURT	STATE, ZIP CODE				
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STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

021199

(X6) DATE

TITLE